Writing the right title

If no one reads an article there is no point in writing it or even in doing the research on which it is based. But since there are far more medical articles published each month than even a full-time reader could digest, whoever opens a journal reads only a small proportion of the communications the author and editor have laboured to prepare. How does an article save itself from oblivion by attracting the reader's attention? As the potential reader skims the contents pages or, less frequently, the titles of the articles inside the journal, the title is the first — and usually the last — part of the article the reader sees. An article is rejected usually because the subject matter revealed in its title is of no interest. Quite often if the title is complicated or confusing an article may meet with the same fate, even though the reader may be interested.

The title of an article has several functions: its first is to tell the reader quickly what the article is about; the second is to kindle interest in reading the article; and the third is to provide some key words to act as "handles" that will allow someone researching the subject through indexing services to retrieve the article.

Even after a paper has been submitted the author or the editor may decide that its title can be improved. We have identified three common ways in which a title may be inadequate (the revised titles are in parenthesis).

- Too general. Examples are: "Setting the record straight" (The CMA's stand on the medical use of heroin: setting the record straight); "Renal reactions to NSAIDs" (Adverse effects of NSAIDs on renal function); "Primary chylopericardium: a case report" (Primary chylopericardium associated with allergic alveolitis).
- Significant element omitted. Examples: "Lung cancer and Canadian women" (Cigarette smoking, lung cancer and Canadian women); "Tobacco advertising and promotion: recent insights" (The tobacco industry: still resourceful in recruiting smokers).
- Unnecessary detail. Examples: "Surgical rates in small areas: a five-year study of Ontario's counties from 1973–1977" (Five-year study of surgical rates in Ontario's counties); "People with respiratory poliomyelitis: a follow-up study" (Respiratory poliomyelitis: a follow-up study).

Some titles do not need this kind of rewriting but merely need to be slightly reworded for compactness or to remove ambiguity, but some titles are abristle with problems. One of our favourites is "The epidemiology of physical activity in children, college students, middle-aged men, menopausal females and monkeys".[1] Granted that monkeys are often good for a laugh, why is this title so ungainly? The first five words are very general and the remainder is highly specific. "Epidemiology" is an abstract word that refers to the study of the distribution of the determinants of disease and health-related states and events in populations;[2] when it is followed by "physical activity" one is led to expect that the report will deal with something like differences in physical activity among groups that have different risks of coronary artery disease. Actually, the study was at a very low level of abstraction (like most scientific studies): the authors were validating a gadget that, when attached to a subject, gave an index of body movement over a given period.

There are also trends in titles. The title that links two elements with a colon seems to be here to stay and is more likely to be useful in more complex studies. Occasionally a verb is added to make the title into a complete sentence. This is attractive because it conveys the impression that the study has reached a definite conclusion, but it may be a passing trend. Although titles of papers reporting original research must be sober, titles of editorials and even reviews may be clever, and sometimes great minds mine the same vein of humour.

The title may be the last part of the paper to be completed: until the abstract is written and the discussion and conclusion are polished it may not be obvious what key words or even concepts must be crowded into that crucial incomplete sentence to attract — or repel — the eyes of the reader.

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2. Last JM (ed): *A Dictionary of Epidemiology*, Oxford U Pr, New York, 1983: 32–33

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